



# The Mount Sinai Medical Center

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## Laser Registration Form

|  |                                  |
|--|----------------------------------|
| Department:  | Date:                            |
| Location of Laser System ( <i>Building/Room</i> ): | Number of lasers in this system: |
| Number of employees who use this system:           |                                  |
| Primary Contact:                                   | Alternate Contact:               |
| Phone:   | Phone:                           |
| Emergency Phone:                                   | Emergency Phone:                 |
| Email:   | Email:                           |

## Laser System Information

|  |                 |                                  |                  |
|--|-----------------|----------------------------------|------------------|
| Laser System Manufacturer:                           |                 |                                  |                  |
| Laser System Model:                                  |                 |                                  |                  |
| Laser System Classification:                         |                 |                                  |                  |
| Laser System Serial #:                               |                 | Laser System CE #:               |                  |
| Laser Type:  |                 | Wavelength(s)( <i>nm</i> ):      |                  |
| Beam Diameter ( <i>mm</i> ):                         |                 | Beam Divergence ( <i>mrad</i> ): |                  |
| <input type="checkbox"/>                             | Continuous Wave | Average Power ( <i>Watts</i> ):  |                  |
| <input type="checkbox"/>                             | Pulsed          | Energy ( <i>Joules/Pulse</i> ):  | Pulse Frequency: |
| <input type="checkbox"/>                             | Q-Switched      | Energy ( <i>Joules/Pulse</i> ):  | Pulse Width:     |
| Maximum Permissible Exposure (MPE)( <i>W/cm2</i> ):  |                 |                                  |                  |
| Nominal Ocular Hazard Zone (NOHZ)( <i>ft or m</i> ): |                 |                                  |                  |

|  |                        |                         |
|--|------------------------|-------------------------|
| Nominal Hazard Zone (NHZ)(ft or m):  |                        |                         |
| Embedded Laser Manufacturer:   |                        |                         |
| Laser Type:  | Class:                 |                         |
| Laser Model:   | Serial #:              | CE #:                   |
| Wavelength(s)(nm) :  | Beam Diameter (mm):    | Beam Divergence (mrad): |
| <input type="checkbox"/> Continuous Wave   | Average Power (Watts): |                         |
| <input type="checkbox"/> Pulsed  | Energy (Joules/Pulse): | Pulse Frequency:        |
| <input type="checkbox"/> Q-Switched  | Energy (Joules/Pulse): | Pulse Width:            |
| Maximum Permissible Exposure (MPE) (W/cm2):  |                        |                         |
| Nominal Ocular Hazard Zone (NOHZ) (ft or m):   |                        |                         |
| Nominal Hazard Zone (NHZ) (ft or m):   |                        |                         |
| System has a separate aiming laser: Yes <input type="checkbox"/> No <input type="checkbox"/> |                        |                         |
| Aiming laser type:   | Wavelength:            | Power:                  |

| Additional Information   |                                   |
|--|-----------------------------------|
| Primary Use of Laser System:                                     |                                   |
| Laser Safety Eyewear is available:                               |                                   |
| Laser Warning Signs are posted on door:                          |                                   |
| Written SOP's are available:                                     |                                   |
| <input type="checkbox"/> In House Preventive Maintenance/Service | MSSM Employee performing service: |
| <input type="checkbox"/> Contracted PM and Service               | Service Contract Company:         |
| PM Frequency:  | Last PM:                          |
|  |                                   |
|  |                                   |